NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions). This form should be filed after the Committee qualifies as a multicandidate committee. 1. (5) NAME OF COMMITTEE IN FULL NEW PAC (b) Number and Sheet Adones-P.O. BOX 7460 2. FEC IDENTIFICATION NUMBER C00398750 (c) Cry, State and AF Code 3. TYPE OF COMMITTEE Ided or A ☐ STATE PARTY VISALIA CA 93290 X OTHER I certify that **one** of the following situations is correct (complete line 4 or 5): **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: -FEC Identification Number: STATUS BY QUALIFICATION: 5. (a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.): Office Sought State/District Date Name (i) (iii) (iiii) (Iv) (v) (b) Contributors: The committee received a contribution from its 51st contributor OII: 04/16/2004 (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 03/02/2004 (d) Qualification: The committee met the above requirements on: 09/02/2004 I cartify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete. TYPE OR PRINT NAME OF TREASURER SIGNATURE OF TREASURER DATE Electronically Filed by Toni Nunes 09/28/2004 Toni Nunes Note: Submission of false, enoneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information contact: Federal Election Commission, Washington, DC 2048\$ FEC FORM 1 M Toll-free 800-424-9590 Revised 1/2001 Local 202-894-1100